



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE

**APPLICATION FOR REGISTRATION AS A PURCHASING GROUP**

MAIL TO:  
DEPARTMENT OF INSURANCE  
P.O. BOX 690  
JEFFERSON CITY, MO 65102-0690

STATE OF	<b>ALL INFORMATION SHOULD BE TYPED</b>	
<b>1. EXACT NAME OF THE PURCHASING GROUP</b>  _____  _____		
<b>2. FORM OF ORGANIZATION OR INCORPORATION</b>		
<b>3. STATE OF DOMICILE</b>		
<b>4. OTHER NAMES UNDER WHICH THE PURCHASING GROUP IS OR MAY BE DOING BUSINESS IN THIS STATE OR ANY OTHER STATE IF DIFFERENT THAN ABOVE.</b>  _____  _____  _____		
<b>5. COMPLETE PHYSICAL ADDRESS OF THE PURCHASING GROUP</b>  _____  _____  _____		
<b>6. NAME, ADDRESS AND TELEPHONE NUMBER OF THE PRINCIPAL STAFF PERSON OR OFFICER OF THE PURCHASING GROUP WHO HAS KNOWLEDGE OF ITS INSURANCE PROGRAM, INCLUDING MEMBERSHIP CRITERIA, COVERAGES AND KEY PERSONNEL OF THE GROUP'S ADMINISTRATOR AND INSURANCE CARRIER.</b>		
NAME	ADDRESS	TELEPHONE
<b>6A. NAME, ADDRESS AND TELEPHONE NUMBER OF THE FIRM THAT ACTS AS THE ADMINISTRATOR OF THE PURCHASING GROUP AND THE NAME OF THE PRINCIPAL ACCOUNT EXECUTIVE RESPONSIBLE FOR THE GROUP'S INSURANCE PROGRAM. (IF NONE, ANSWER NONE.)</b>		
NAME	ADDRESS	TELEPHONE
<b>6B. NAME OF THE PRINCIPAL AGENT OR BROKER RESPONSIBLE FOR THE SALE OR PURCHASE OF THE GROUP'S LIABILITY INSURANCE. (IF NONE, ANSWER NONE.)</b>		

7. NAMES, ADDRESSES AND OCCUPATIONS OF THE PRINCIPAL OFFICERS AND DIRECTORS OF THE PURCHASING GROUP, ATTACH ADDITIONAL PAGES IF NECESSARY.

PRINCIPAL OFFICERS	PRINCIPAL DIRECTORS

8. GIVE A GENERAL DESCRIPTION OF BUSINESS OR ACTIVITIES ENGAGED IN BY PURCHASING GROUP MEMBERS. (THE PURCHASING GROUP IS COMPOSED OF MEMBERS WHOSE BUSINESS OR ACTIVITIES ARE SIMILAR OR RELATED WITH RESPECT TO THE LIABILITY TO WHICH MEMBERS ARE EXPOSED BY VIRTUE OF ANY RELATED, SIMILAR OR COMMON BUSINESS, TRADE, PRODUCT, SERVICES, PREMISES OR OPERATIONS.)

9. The Purchasing Group has as one of its purposes the purchase of liability insurance on a purchasing group basis.
10. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item 8 above.

11. LINES AND CLASSIFICATIONS OF LIABILITY INSURANCE THE PURCHASING GROUP INTENDS TO PURCHASE.

12. THE PURCHASING GROUP INTENDS TO PURCHASE THE LIABILITY INSURANCE DESCRIBED IN ITEM 11 ABOVE FROM THE FOLLOWING INSURANCE COMPANY OR COMPANIES. GIVE FULL NAME OF COMPANY, STATE OF DOMICILE AND FEIN.

NAME	STATE OF DOMICILE	FEIN

13. NAME AND ADDRESS OF THE LICENSED AGENT OR BROKER THROUGH WHOM PURCHASES WILL BE EFFECTED. COMPLETE THIS ITEM ONLY IF PURCHASE OF INSURANCE IS TO BE MADE FROM A SURPLUS LINES INSURER, RATHER THAN FROM A LICENSED INSURER.

NAME	ADDRESS

14. IF THE PURCHASING GROUP TRANSACTS INSURANCE BUSINESS BY MEANS OF A "DIRECT OFFERING" (WITHOUT USING INSURANCE AGENTS TO MARKET ITS PROGRAM). LIST THE NAME AND ADDRESS OF EACH PERSON NOT LISTED IN 13 ABOVE WHO WILL BE TRANSACTING BUSINESS ON BEHALF OF THE PURCHASING GROUP. (YOU NEED NOT INCLUDE THE NAMES OF LICENSED AGENTS DULY APPOINTED BY AN ADMITTED INSURER.)

NAME	ADDRESS

15. Has any person transacting business on behalf of this Purchasing Group ever:

(A) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? ☐ Yes ☐ No

(B) had denied any application for a professional, vocational or business license? ☐ Yes ☐ No

(C) had suspended or revoked any such license? ☐ Yes ☐ No

(D) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? ☐ Yes ☐ No

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

**WE DO HEREBY SWEAR AND AFFIRM THAT THE AFOREMENTIONED STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.**

PRESIDENT OR CHIEF EXECUTIVE OFFICER		SECRETARY	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**DEPARTMENT OF INSURANCE  
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE**

The \_\_\_\_\_

a Purchasing Group (called the Group) duly organized under the laws of the State of \_\_\_\_\_, appoints the insurance director, of the state of Missouri, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group. The Group gives ther insurance director and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the state. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 4(e) of the Liability Risk Act of 1986.

This Group designates \_\_\_\_\_

whose address is \_\_\_\_\_  
as the person to whom process against the Group served upon the director shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, said Group, pursuant to a resolution duly appointed by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed at the City of \_\_\_\_\_

\_\_\_\_\_, State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

ATTEST	SECRETARY
	NAME OF PURCHASING GROUP
	BY PRESIDENT